

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>7/29/05</u>		2 Serial/Patent # <u>10/526857</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>50.00</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
Overpayment		Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>3</td><td>--</td><td>2</td><td>7</td><td>2</td><td>5</td> </tr> </table>			1	3	--	2	7	2	5
1	3	--	2	7	2	5					
No Fee Due (Explanation):											
<u>Fee Code: Conere</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>B.A.C</u>		TITLE: _____									
SIGNATURE: <u>[Signature]</u>		PHONE: _____									
OFFICE: <u>PCT</u>											
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****</span> <span>                         DAH: 132725    Name/Number: 18526857    \$50.00 CR                          FC: 9204                     </span> </div>											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*